

# ASBESTOS WASTE SHIPMENT RECORD - See attached instructions

<b>GENERATOR</b> (Retain copy of form)	<b>1. Work site:</b> Name: Mailing Address: City/State/Zip:		<u>Owner's Name</u>		<u>Owner's Telephone #</u>			
	<b>2. Remover's name and address:</b> Name: Mailing Address: City/State/Zip: He-P 5000 License #:					<u>Remover's Telephone #</u>		
	<b>3. Waste Disposal Site (WDS), meaning the facility that will receive the waste:</b> Name: Mailing Address: City/State/Zip: Physical Location:					<u>WDS Telephone #</u>		
	<b>4. Name and address of responsible agency:</b> NH Dept. of Environmental Services, PO Box 95, Concord, NH 03302-0095							
	<b>5. Description of materials:</b> Name: Asbestos Division Class #: 9 Identification #: NA2212 Packing Group #: III Reportable Quantity (RQ): 1 lb (one pound)				<b>6. Containers</b> No.                      Type		<b>7. Total quantity (m<sup>3</sup> or yd<sup>3</sup>)</b>	
	<b>8. Special handling instructions and additional information (provided by generator):</b>					<u>Emergency Telephone #</u>		
	<b>9. GENERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.							
	<u>Printed/typed name &amp; title</u>			<u>Signature</u>		<u>Month</u> <u>Day</u> <u>Year</u>		
	<b>10. Transporter 1 (Acknowledgment of receipt of materials)</b>							
<b>TRANSPORTER</b> (Retain copy of form)	<u>Printed/typed name &amp; title</u>		<u>Address and telephone #</u>		<u>Month</u> <u>Day</u> <u>Year</u>			
	<u>Signature</u>							
	<b>11. Transporter 2 (Acknowledgment of receipt of materials)</b>							
	<u>Printed/typed name &amp; title</u>		<u>Address and telephone #</u>		<u>Month</u> <u>Day</u> <u>Year</u>			
<u>Signature</u>								
<b>DISPOSAL SITE</b> (Retain copy of form & return original to 2 above)	<b>12. Discrepancy indication space:</b>					<u>Rejected:</u>  Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>Destination:</u>		
	<b>13. Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.							
	<u>Printed/typed name &amp; title</u>			<u>Signature</u>		<u>Month</u> <u>Day</u> <u>Year</u>		

## WASTE SHIPMENT RECORD INSTRUCTIONS

### **Generator Section (Items 1 - 9)**

1. Enter the name of the facility at which the asbestos waste is generated and the address where the facility is located. In the appropriate spaces, also enter the name of the owner of the facility and the owner's phone number.
2. Enter the name and address of the authorized entity or individual that performed the asbestos removal. In the appropriate space, also enter the remover's phone number. Also include the number of the asbestos contractor license issued to the remover by the NH Department of Health and Human Services pursuant to He-P 5000.
3. Enter the name, address, and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, also enter the phone number of the WDS.
4. Provide the name and address of the local, state, or EPA regional office responsible for administering the asbestos NESHAP program. In New Hampshire, this is the NH Department of Environmental Services.
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is:
  - Friable asbestos material
  - Nonfriable asbestos material
6. Enter the number of containers used to transport the asbestos materials listed in item 5. Also enter one of the following container codes used in transporting each type of asbestos material (specify any other type of container used if not listed below):
  - DM - Metal drums, barrels
  - DP - Plastic drums, barrels
  - BA - 6 mil plastic bags or wrapping
7. Enter the quantity of each type of asbestos material removed (cubic meters or cubic yards).
8. Use this space to indicate special transportation, treatment, storage or disposal or bill of lading information. If an alternate waste disposal site is designated, note it here. Emergency response telephone numbers must be included here, (i.e., telephone number that is manned on a 24-hour basis by a person able to provide asbestos information.)
9. The authorized agent of the waste generator must read and then sign and date this certification. The date is the date of receipt by transporter.

NOTE: The waste generator must retain a copy of this form.

### **Transporter Section (Items 10 and 11)**

10. Enter name, address and telephone number of each transporter used. Print or type the full name and title of person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment record for transport. Enter the date of receipt and signature.
11. Same as above.

NOTE: The transporter must retain a copy of this form.

### **Disposal Site Section (Items 12 and 13)**

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on this waste shipment record and the waste actually received, as well as any improperly enclosed or contained waste. Any rejected materials should be listed and the destination of those materials provided. A site that converts asbestos-containing waste material to nonasbestos material is considered a WDS.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this waste shipment record except as noted in item 12. The date is the date of signature and receipt of shipment.

NOTE: The WDS must retain a completed copy of this form. The WDS must also send a completed copy to the remover identified in item 2.